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ABSTRACT

Describing the mental health program at Sherman Indian High School in Riverside, California (a boarding school), this document details: Sherman's clinical services; inservice training program (dormitory personnel, teachers, school counselors, public health service personnel, and integration of these groups); consultation services; cooperative efforts with the school psychologist; liaison to reservation groups; a preliminary evaluation of the mental health program; conclusions; proposals based upon the evaluation; and references. The Sherman program is described as: operating between January and May of 1971; serving 107 of the 600-800 students enrolled; and providing psychological evaluation of referred students via projective techniques, personality tests, intelligence tests, diagnostic interviews, individual and group psychotherapy, and a crisis intervention program. Provided by the psychologist, the inservice training for staff members is described as involving mental hygiene techniques that emphasize: interpersonal relationships; behavior modification; social psychology; and staff attitudes, feelings, and behavior. Results of the preliminary evaluation are reported as indicating the necessity of staff and student involvement and an ongoing mental health service. The 10 proposals presented in this paper emphasize the need for thorough, all-encompassing evaluation procedures based upon recognized statistical techniques. (JC)

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MENTAL HEALTH PROGRAM

AT SHERMAN INDIAN HIGH SCHOOL

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Riverside, California

August 31, 1971

A COMPREHENSIVE

MENTAL HEALTH PROGRAM

AT SHERMAN INDIAN HIGH SCHOOL

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August 31, 1971

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This paper is concerned with the mental health program presently functioning at Sherman Indian High School, Riverside, California. The program has been in effect for five months. Sherman Indian High School enrolls approximately 600 to 800 students per year. At least 15 major tribes are represented. The writer was assigned to Sherman as a mental health consultant in order to provide direct clinical services to students, consultation services to school personnel and to act as a liaison to tribal groups.

As with many terms, mental health can have different meanings, depending upon who uses the term and in what context it is used. The following definitions are offered in an attempt to define mental health, in a general sense, as referred to in this paper. Mental health is

> A state of being which is relative rather than absolute, in which a person has effected a reasonably satisfactory integration of his instinctual drives. His integration is acceptable to himself and his social milieu as reflected by his interpersonal relationships, his level of satisfaction in living, his actual achievement, his flexibility, and the level of maturity he has attained (Committee on Public Information, A Psychiatric Glossary, p. 47).

Wolberg wrote about the many ideal objectives of mental health, some of which were the individual satisfying

> ...Impulses in conformity with the mores of the group. Mobilizing whatever intellectual and experiential resources are required, he is able to plan creatively and realistically, and to execute his plans in accordance with existent opportunities... Presupposed is a harmonious balance between personal and group standards, and those cultural and individual ideals that contribute both to the welfare of the self and of the group (Wolberg, 1954, p. 553).

In dealing with mental health problems, the concept of mental hygiene is defined as

> ...the science and art of preserving and maximizing mental health.
>
> It includes all measures aimed at preventing mental disorder and at improving the psychological adjustment of individuals and their capacity for harmonious relationship in groups (English and English, 1958, p. 318).

If one generally agrees with the previous concepts, then it will be necessary to plan a broad mental health program for Indian boarding schools, in order to provide prevention, evaluation and treatment of mental health problems. The program set forth is concerned with working with individuals, groups, and organizational roles and functions. It also focuses upon integrating individuals with other individuals, integrating individuals with groups, and finally integrating groups with other groups.

CLINICAL SERVICES

Direct clinical services provided by the Public Health Service (PHS) Psychologist include psychological evaluation of referred students using projective techniques, personality tests, intelligence tests and diagnostic interviews. Individual and group psychotherapy are provided for students who are referred by staff personnel as well as for students who refer themselves.

Another important clinical service is that of crisis intervention. In cases of suicidal attempts or any other behavior that requires immediate attention, the psychologist is available for evaluation and treatment. If necessary, referrals can be made to psychiatrists, other physicians, or to other professionals.

From January 4, through May 20, 1971, the psychologist saw 107 patients. Some were seen one time while others were seen as many as 20 times. There were five student therapy groups, meeting on a weekly basis. Many of the group members were referred because of sniffing, drinking, adjustment, or emotional problems. All voluntarily participated in the sessions. Group therapy provided opportunities for all participants to share problems, to criticize students and staff alike, to ventilate feelings, and discuss topics of interest, such as prejudice,

sex, etc. Also, efforts are made to help members explore their own attitudes, feelings and behavior. For the most part, the group members are interested, verbal and honest in expressing themselves. They seem to like the therapy sessions and many want to continue after summer vacation.

INSERVICE TRAINING

One of the most important services provided by the psychologist is that of inservice training for staff members. Mental hygiene techniques are discussed, including behavior modification (operant conditioning) and social psychology, stressing the importance of interpersonal relationships. Emphasis is placed upon analyzing problems related to management and control of behavior, as well as exploring staff members' feelings, attitudes and behavior.

At Sherman, two groups of instructional aides (dormitory personnel), are seen each on a weekly basis, for two-three hours. Group members are encouraged to discuss everyday problems encountered within the dormitories or within the organizational structure of the school. Much of the time is spent on the staff members' interactions with the students and how these interactions are important in helping modify certain behaviors. An integral part of the sessions is that of helping the instructional aides to more objectively assess their own behavior.

It is hoped that with inservice training, staff members will develop a flexibility in attitude and behavior which is necessary for behavioral change.

Three groups of teachers attend weekly inservice training sessions. Behavior modification techniques are discussed in relation to classroom behavioral problems. For example, at times, teachers help shape inappropriate behaviors by frequently attending to students when they act out in a negative fashion. Positive reinforcement, negative reinforcement and punishment are discussed. Also, teachers are asked to participate in administrative decision making. They were asked for their opinions regarding a proposed study hall period. After much discussion, teachers in all inservice training groups voted against the proposal. On the basis of this the administration did not institute the study hall.

Teachers are encouraged to express ideas and feelings about school programs and personnel as well as be involved in problem solving. During the initial sessions, personal views, opinions and feelings were expressed. Subsequent sessions consisted of discussions directed toward positive actions to be taken in order to solve program and organizational problems.

Once a week, the psychologist meets with the school counselors.

As with the teachers, the counselors are asked to particpate in assessing the total school organization and programs. Personal adjustment counseling techniques, individual cases, counselor-counselee relationships and problems of general interest are discussed.

Since the PHS Indian Health Center is physically separated from the main school buildings, efforts are being made in order to integrate the PHS personnel with other groups. There are few problems with students. However, cooperation is required in helping students to observe appointments and in providing follow-up care in the dormitories. For example, if medication is prescribed by the school physician, then instructional aides will be notified, so they can see that students follow prescriptions.

Inservice training with the PHS personnel also includes human relations, behavior modification techniques and discussion about the mental health as well as the physical health of the students.

After all the inservice training groups became somewhat cohesive and functioning, integrative efforts were made by the psychologist. At the request of one of the student therapy groups, an encounter session was arranged with a group comprised of dormitory personnel and therapy group students. Also during one of the school counselor meetings, the PHS coordinator was invited to attend, in order to exchange information and viewpoints.

CONSULTATION SERVICES

The psychologist regularly consults with school administrators (superintendent, principal, and supervisors). Consultations usually relate to disciplinary problems, program changes, and organizational roles and functions, which may have an indirect or direct effect upon students. Any student or staff member may avail himself of the services of the psychologist.

COOPERATIVE EFFORTS WITH THE SCHOOL PSYCHOLOGIST

Both the PHS psychologist and the Bureau of Indian Affairs (BIA) school psychologist are involved with staff inservice training, as well as with special education programs. Cooperative efforts were extended in writing the needs and specifications for a class for educable mentally-retarded students and a class for emotionally-disturbed students with adjustment problems. The project was submitted for a grant under the federal government Title VI program.

Other areas of cooperative services include administrative consultations, meeting with school counselors and attending meetings together. For example, both psychologists taught a seminar for BIA personnel, at Haskell Indian Junior College, Lawrence, Kansas, June 1 through June 4, 1971. The seminar concerned proposed psychological

services for BIA boarding schools, based upon experiences gained at Sherman Indian High School.

While some services overlap, the BIA school psychologist is in charge of achievement testing, does personal adjustment counseling and is generally concerned with matters more directly related to school functions and programs. The PHS psychologist carries out clinical services (diagnostic testing, psychotherapy, etc.) and is concerned with the overall mental health program.

LIAISON TO RESERVATION GROUPS

During the months of July and August both BIA and PHS psychologists visited reservations in Arizona. Parents, tribal council members, students and others were contacted. The object of these visits was to receive information as to what can be done or improved at Sherman, relative to the best interests and welfare of all students. Also, the school psychology and mental health programs were explained so that interested parents and others became aware of the efforts being made regarding the mental health of students and staff members alike.

A PRELIMINARY EVALUATION OF THE MENTAL HEALTH PROGRAM

Thus far, the overall program has been very well received. Administrators have been appreciative and enthusiastic. Members of the student therapy groups generally like the sessions and most are interested.

A preliminary evaluation of the inservice training program was undertaken by both BIA and PHS psychologists. The evaluation form was devised by Mr. J. W. Brantley, school psychologist.

The following data are in reference to the inservice training groups seen by the writer. There were 78 staff members enrolled. Evaluation forms were completed and returned by 39 individuals. A chi square analysis was made of each question (X^2 one-sample test, see Siegel, pp. 42-47, Underwood, et. al., chapter 13, and Guilford, chapter 11). The chi square analysis is..."used to test whether a significant difference exists between an observed number of objects or responses falling into each category and an expected number based on the null hypothesis (Siegel, p. 43)" In this case, the null hypothesis assumes that there would be no significant differences among the response categories, Good, Average and Poor.

The following raw data show the number of responses in each category (Good, Average, Poor) for each of the eight questions asked.

	RESPONSES			
	GOOD	AVERAGE	POOR	ROW TOTALS
A. The training sessions were:	27	9	2	38*
B. My participation was:	7	24	8	39
C. The group leader was:	31	8	0	39
D. Others in the group were:	12	26	1	39
E. My attitude in general is:	22	13	4	39
F. The attitude of the group leader was:	33	6	0	39
G. Progress made by the group was:	15	17	6	38*
H. Cooperation among the school staff is:	6	21	12	39
COLUMN TOTALS:	153	124	33	310

Number of individuals evaluating: 39

Number of responses: 310

* 38 responses were obtained in these two rows, because two people failed to respond to these questions.

Chi square results are:

QUESTION	X^2	LEVEL OF SIGNIFICANCE
A	26.25	.01
B	14.00	.01
C	39.84	.01
D	24.16	.01
E	12.46	.01
F	47.54	.01
G	5.42	(accept null hypothesis)
H	8.72	.05

There are two degrees of freedom for each sample. A X^2 of 9.21 is required in order to be significant at the .01 level. A X^2 of 5.99 is significant at the .05 level (Underwood, et. al., p. 235).

Chi square analyses indicate that on samples A through F and H, observed responses are significantly different from expected responses. The raw data in each sample indicate the trend or direction of the groups' attitudes. For example, it can be seen that of the 38 responses obtained for question A, a significant result was that the training sessions were seen as being good. The X^2 results on question G indicated that no significant difference was obtained from responses to the Good, Average, and Poor categories.

CONCLUSIONS

At this time, because of the short length of the mental health program and because of its newness, definite conclusions are suspended. There have been many positive comments pertaining to the effectiveness of the mental health program. However, in mental health program evaluation, as Lennard and Bernstein point out, "the more comprehensive and diffuse programs become, the more difficult it is to gauge the range of their effects and their consequences (Lennard and Bernstein, p. 309)." These problems are found in Indian boarding schools. For example, it is difficult to factor out the effects on the mental health

program of recreational activities, the psychologists' efforts, school counseling, changes in the students' family structure and/or behavior, or other conditions which might affect the mental health of students or staff members.

This paper has stressed the comprehensive nature of a mental health program in order to work not only with students, but to work with as many people as possible, who interact with the students. It appears that the two important factors emerging from the present mental health program are (1) the involvement of staff and students is necessary, and (2) mental health services should be ongoing.

PROPOSALS

The following proposals are made in order to strengthen the present mental health program.

1. There should be a closer association between the PHS psychologist and the BIA social worker. This should improve the liaison between the school and the students' homes.

2. Since the recreational program e.g., trips to Disneyland, sports events, etc. is concerned with the welfare of the students, the PHS psychologist should work more intensely in this area. Recreational activities could be used as positive reinforcers in order to help shape desired behaviors, in some cases.

3. Future evaluation of the program should include analysis of the differences among groups; for example, how the dormitory personnel feel about the mental health program as compared to teachers groups.

4. All groups should be evaluated, including student therapy groups. This will entail new evaluation form construction.

5. In order to assess effectiveness of mental hygiene efforts, a broader baseline of behavior will have to be considered, e.g., reported sniffing, drinking and fighting offenses, drug problems and observed behavior by teachers and other personnel.

6. School counselors should evaluate themselves with some sort of a feedback system in order to improve their skills (questionnaires, etc.).

7. More encounter groups composed of students and staff are recommended. Also, more role playing within groups should take place.

8. Now that inservice training groups have had time to ventilate feelings and express opinions, the focus should be upon positive actions in trying to solve program and interpersonal relationship problems.

9. The overall mental health program should include a more active mental health committee, composed of students and school personnel.

10. In approximately one year, a more encompassing statistical evaluation should be made regarding the effectiveness of the mental health program. If results are significant, then the program could be offered as a model for other Indian boarding schools.

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